

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT		TIME	ADDRESS OF OCCURRENCE W FULTON ST CHICAGO, IL 60644			LOCATION CODE 291	BEAT/OCCUR. 1113	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO							
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) BACKYARD			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR <input checked="" type="checkbox"/> DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE									
	EVENT NO. 1818416795		RD NO. JB334215	IR NO. [REDACTED]	CB NO. [REDACTED]	CHARGE			INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
INVOLVED MEMBER	LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT PAPV			MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR							
	RANK 9161	LAST NAME TAYLOR	FIRST NAME DAVID			EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE <input checked="" type="checkbox"/> BLACK	AGE 2	HT. 29	WT.					
	DATE OF APPT. 31-AUG-2015	UNIT & BEAT OF ASSIGN. 011	DUTY STATUS 1165D	IN UNIFORM? <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input checked="" type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)							
SUBJECT INFORMATION	LAST NAME EASON		FIRST NAME TERRELL		M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE <input checked="" type="checkbox"/> BLACK	D.O.B. 1985	HT. 511	WT. 170						
ADDRESS 4150 W CARROLL AVE CHICAGO, IL			TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Emotional Disorder									
MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested			COOK COUNTY			SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input checked="" type="checkbox"/> Fatal										
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)						<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (DESCRIBE) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN	
											WEAPON USE: <input checked="" type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member					
	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> Gang-Related? <input type="checkbox"/> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES				IF YES, IDENTIFY MANNER OF ATTACK? <input type="checkbox"/> Action/Civil Disorder <input type="checkbox"/> Disturbance - Riot/Mob <input type="checkbox"/> Disturbance - Other		MANNER OF ATTACK? <input type="checkbox"/> Shov/Shel At <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)		WEAPONS USED: <input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Charge: <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Charge: <input type="checkbox"/> Unintentional	
MEMBER'S RESPONSE (Check all that apply)	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health						<input type="checkbox"/> Disturbance - Riot/Mob <input type="checkbox"/> Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative				<input type="checkbox"/> Charge: <input type="checkbox"/> IUCR CODE: <input type="checkbox"/> IUCR CODE:					
DNA UNK	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Defense of Department Member						<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression				<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Escort Holds <input type="checkbox"/> Wristlock <input type="checkbox"/> Armbar		<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Subject Unintentional			
FORCE MITIGATION EFFORTS						CONTROL TACTICS										
<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS						<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> EMERGENCY HANDCUFFING										
RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS										
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE						<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER										
*AUTHORIZED BY (NAME)						RANK		STAR NO.		UNIT NO.						
DNA	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> TASER		WEAPON SERIAL NO. XFP094		WEAPON CERT. NO. R038649S									
WEAPON DISCHARGE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON											
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN											
	TASER DISCHARGE ONLY		TASER DART ID NO.		PROPERTY INVENTORY NO.		PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER					
	FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED 8		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK 19 BH		MODEL 17					
											DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES					

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCENOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)
KRUGER, KARLSTAR/EMPLOYEE NO.
1505

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?
<input type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input checked="" type="checkbox"/> Fatal	<input checked="" type="checkbox"/> Intentional Act by Member
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Intentional Act by Self
				<input type="checkbox"/> Intentional Act by Other
				<input type="checkbox"/> Unintentional Act by Member
				<input type="checkbox"/> Unintentional Act by Self
				<input type="checkbox"/> Unintentional Act by Other

WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL	TELEPHONE NO.	WITNESS INTERVIEW		<input type="checkbox"/> OTHER (Specify) _____	
	WITNESS STATEMENT		<input type="checkbox"/> INTERVIEWED	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> REFUSED	

REVIEWING SUPERVISOR: COMMENTS

R/SGT HAS COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:

 I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1090087 I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.REVIEWING SUPERVISOR NAME (Print)
PETRACCO, CORYSTAR NO.
2545

SIGNATURE

DATE/TIME COMPLETED
04-JUL-2018 0358

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE [REDACTED] W FULTON ST CHICAGO, IL 60644	EVENT NO.	RD NO.	
	03-JUL-2018	2004		1818416795	JB334215	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	TAYLOR	DAVID	[REDACTED]		
	SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE
EASON	TERRELL			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 1985

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)
DOA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

Member along with Copa and R/DC viewed body camera, U#18-11. Members weapon was in compliance. IRT assisted COPA who is the lead agency in investigating this incident.

LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE
 REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE
 ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
 1090087

BASED ON THE PRELIMINARY
 INFORMATION THAT I HAVE
 REVIEWED AND THAT WAS
 AVAILABLE AT THE TIME OF
 THIS REPORT, THE
 MEMBER'S USE OF FORCE
 RESPONSE APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND
 DIRECTIVES.
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)
 WILLIAMS, TERENCE V

STAR NO.

59

SIGNATURE

LOG# 1090087 DATE/TIME COMPLETED
 04-Jul-2018 0424

Taylor Kline
Bank 1134